

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

**BARBER SCHOOL, COSMETOLOGY/BARBER
SCHOOL, ELECTROLOGY SCHOOL, ESTHETICS
SCHOOL, or NAIL TECHNOLOGY SCHOOL**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

SUPPORTING DOCUMENTS AND FEES:

Complete the following in addition to submitting a completed application:

1. Submit a **\$110.00** non-refundable application-processing fee for each type of school being licensed, made payable to "DOPL."
2. Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
3. Submit a copy of the business license from the city, town, or county in which the school is located.
4. Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.

5. Submit documentation that the curriculum for the school meets the following requirements for the respective license for which you are applying:

- | | | |
|----|---------------------------|-------------------------------|
| a. | barber school | R156-11a-700 |
| b. | cosmetology/barber school | R156-11a-705 |
| c. | electrology school | R156-11a-701 |
| e. | nail technology school | R156-11a-704 |
| d. | esthetics school | R156-11a-702 and R156-11a-703 |

NOTE: *Please refer to DOPL Application #102 (found at www.dopl.utah.gov) for information on the requirements to be an instructor in the state of Utah.*

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to barber, cosmetologist/barber, esthetics, electrology, and nail technology licensing. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Barber, Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act
 - ☐ Barber, Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Post Licensure Requirement:** Once you receive your school license from DOPL, you must contact the Utah Division of Consumer Protection ((801) 530-6481) to apply for and obtain a Post Secondary School Waiver. **NOTE:** Once obtained, you are not required to submit this waiver to DOPL, but you must maintain it on file for future audits.
4. **Change in Ownership, Location, or Organization:** A change of ownership, location, or business organization requires a new application and fees. Changes in ownership, caused by a change in the stockholders in the corporation which are publicly listed and whose stock is publicly traded, are exempt.

Additionally, you are required to notify DOPL if the licensed school closes. You will be required to surrender the applicable license and provide information on the person who will be maintaining all student records according to Subsection R156-11a-605(1) of the Barber, Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act Rules.

5. **License Renewal:** All school licenses expire September 30 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

6. **Temporary Licenses:** Temporary licenses are not issued.
7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
8. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
9. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (American Express, MasterCard, and Visa) are also accepted in person at DOPL's main office – but not over the telephone.
10. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
12. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. If the applicant for licensure is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Barber, Cosmetology/Barber, Esthetics, Electrology, or Nail Technology School.

BUSINESS LEGAL NAME: _____

FEDERAL TAX ID NUMBER: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Submit a **\$110.00** non-refundable application-processing fee for each type of school being licensed, made payable to "DOPL."

License Being Applied For	Fee
<input type="checkbox"/> Barber School - \$110.00	\$ _____.00
<input type="checkbox"/> Cosmetology/Barber School - \$110.00	\$ _____.00
<input type="checkbox"/> Electrology School - \$110.00	\$ _____.00
<input type="checkbox"/> Esthetics School - \$110.00	\$ _____.00
<input type="checkbox"/> Nail Technology School - \$110.00	\$ _____.00
Total	\$ _____.00

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a school in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

BUSINESS ENTITY TYPE:

☐ C Corporation ☐ S Corporation

Utah Corporation Number: _____

Date of Incorporation: ____/____/____

☐ General Partnership ☐ Limited Partnership

Date of Partnership Agreement: ____/____/____

☐ Sole Proprietorship

☐ Limited Liability Company

Number: _____ Date Filed: ____/____/____

☐ Other Type of Business: _____

SCHOOL INSTRUCTORS: *(Use additional sheets if necessary.)*

1. Full Name: _____ **Telephone:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

2. Full Name: _____ **Telephone:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

3. Full Name: _____ **Telephone:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

4. Full Name: _____ **Telephone:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

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5. Full Name: _____ **Telephone:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

6. Full Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

7. Full Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

8. Full Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Utah Barber, Cosmetology/Barber, Electrology, Esthetician,
Master Esthetician or Nail Technician License Number: _____

Utah Instructor Certificate Number: _____

ADDITIONAL QUALIFYING INFORMATION:

1. Name of the accrediting commission by which you intend to become accredited:

2. Date you anticipate applying for candidate status for accreditation: ____/____/____
(**NOTE:** You must have received candidate status within twelve (12) months of being licensed as a school in the state.)
3. Date you anticipate becoming accredited: ____/____/____ (NOTE: You must receive accreditation within 24 months of applying for candidate status.)
4. List the total square feet of the floor space occupied by the school: _____
5. Number of workstations: _____
Number of reclining chairs: _____
Number of student lockers: _____
6. List the square feet of floor space of the student break room: _____
7. List the square feet of floor space of the clinic: _____
8. List the square feet of floor space of the classroom: _____
9. Is a sign posted in a conspicuous place that states?

“All services in this school are performed by students in training”

☐ Yes ☐ No

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BARBER, COSMETOLOGY/BARBER, ESTHETICS, ELECTROLOGY, and NAIL TECHNOLOGY SCHOOL QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
3. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently under investigation or is any disciplinary action pending now by any licensing agency or governmental agency?
6. _____ Is any action now pending against any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant pose a direct threat to himself/herself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

(Continued on the next page.)

9. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a documented case as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
11. _____ Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
12. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he/she has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated?
13. _____ Does any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently have any criminal action pending?
14. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. _____ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

(Continued on the next page.)



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____